	PATENT		Application of Docket Number										
	•	CLAIMS A	S FILED (Colun	•				SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
T	OTAL CLAIMS	5						RATE	FEE	7	RATE	FEE	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FI	385.00	ОЯ	BASIC FEE	770.00	
ľ	OTAL CHARGE	ABLE CLAIMS	minus 20=		• ·] .	X\$ 9=		OR	X\$18=		
_	DEPENDENT C		minus 3 =					X43=		OR	X86=		
M	ULTIPLE DEPE	NDENT CLAIM F	RESENT		·			+145=		OR	+290=		
• 1	* If the difference in column 1 is less than zero, enter "0" in column 2									OR	TOTAL		
CLAIMS AS AMENDED - PART II 6-14-04 OTHER TH. (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENT													
ENTA		CLAIMS REMARKING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.20	Minus	-2	0			X\$ 9=		ОЯ	X\$18=		
AME	Independent	NTATION OF M	Minus	1-3	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>			X43=		OR	X86≈		
	rinsi Prese	MIAHUNOFM	JUIPLE DE	PENDENI	CLAIM		'	+145=		OR	+290 =		
	RCE 3/14/05										TOTAL ADDIT, FEE		
ADDIT. FEE (Column 1) (Column 2) (Column 3)													
AMENDMENT B	•	CLAIMS REMAINING AFTER AMENDMENT		MIGHE NUMB PREVIOU PAID P	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž	Total .	· 20	Minus	- 21	Cr.	•	H	X\$ 9=	<u></u>	OR	X\$18=		
M	Independent	• 3 VIATION OF MU	Minus TIPLE DE	SENDENT	7 AILE	• ،	H	X43=	· .	OR	X86=		
ب	· #NI FREEE	TIATION OF MU	CIFCE VE	ENDEN!	-CAIM		' .[+145=		OR	+290=		
6	8 24 5 (Cotumn 1) (Cotumn 2) (Cotumn 3)									OR ,	TOTAL ADDIT. FEE		
AMENDMENTC		(Column 1) CLAIMS REMAINING APTER AMENDMENT	• • •	(Columni HIGHE MUMBE PREVIOU PAID FO	ST . ISLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
	Total	20	Minus	·20	5	-/.		X\$ 9=	- 	OR	. X\$18=		
	Independent		Minus	 3		4:		X43=		OR	X86=		
	FIRST PRESEN	TATION OF MU	LTIPLE DEF	ENDENT C	MIAK		-			<u>-</u>			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "flighest Number Previously Paid For" IN Trids SPACE is less than 20, enter 20.* Apper ses													
	the Trighest Num	iber Préviously Pal Les Brandonsky Pald Les Brandonsky Bald	d For IN THE	S SPACE &	ess then	3, enter 3."	AL 	DOTT. FEE		. ,	LODIT. FEE L		